

**STATE OF ARIZONA**  
**DEPARTMENT OF WATER RESOURCES**  
**WATER MANAGEMENT SUPPORT SECTION**  
**MAIL TO: P.O. BOX 458, PHOENIX, ARIZONA 85001-0458**  
**3550 North Central Avenue, Phoenix, Arizona 85012**  
**Phone (602) 771-8585 Fax (602) 771-8688**

**APPLICATION FOR A PERMIT TO DRILL OR OPERATE A NON-EXEMPT  
WELL WITHIN AN ACTIVE MANAGEMENT AREA PURSUANT TO A.R.S. § 45-599**

**I. INSTRUCTIONS:**

1. This application should be used to obtain a permit to:
  - (a) Drill a non-exempt well in conjunction with a new or existing General Industrial Use Permit Application, a Certificate of Grandfathered Right, a Service Area Right, or an Irrigation District Right.
  - (b) Convert an existing well to a non-exempt well, or increase the annual permitted volume to be withdrawn from the well.
2. Complete all appropriate items on this application, sign in the appropriate place and mail to P.O. Box 458, Phoenix, Arizona 85001-0458 or hand deliver to 3550 North Central Avenue, Phoenix, Arizona 85012
3. Pursuant to A.R.S. § 45-599, the application fee is \$150.00. Pursuant to A.A.C. R12-15-151(B)(4), the permit fee is \$30.00. You may submit both fees at the time of filing the application.

**II. GENERAL DATA:**

FOR DEPARTMENT USE ONLY

1. Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Application No. \_\_\_\_\_ Registration  
No. \_\_\_\_\_  
File No. \_\_\_\_\_  
Date Received \_\_\_\_\_  
AMA \_\_\_\_\_  
W/S \_\_\_\_\_ S/B \_\_\_\_\_

2. Name of Land Owner \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Telephone Number

3. Applicant is: ☐ Owner ☐ Lessee
4. Proposed well is: ☐ **New well** ☐ **Conversion (enlargement) of existing well** ☐ **Replacement well in a new location.**
5. Claim of entitlement to withdraw groundwater is based upon:  
☐ Certificate of Grandfathered Right No: \_\_\_\_\_  
☐ General Industrial Use Permit No. 59- \_\_\_\_\_  
☐ Service Area Right No: \_\_\_\_\_  
☐ Irrigation District Right No: \_\_\_\_\_

6. The principal use(s) of groundwater will be (**be specific**) \_\_\_\_\_

7. Well location: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ N/S Range \_\_\_\_\_ E/W  
10 Acre 40 Acre 160 Acre

8. Position location of the well: Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W

9. Design Pump Capacity \_\_\_\_\_ gpm Depth \_\_\_\_\_ feet  
Diameter \_\_\_\_\_ inches Type of casing \_\_\_\_\_

10. Proposed annual volume of water \_\_\_\_\_ acre feet

11. Well is located in the \_\_\_\_\_ subbasin of the \_\_\_\_\_ Active Management Area.

12. If the well is located in the Santa Cruz AMA, please attach documentation and explanation showing that the location of the proposed well will not result in local water tables experiencing a long-term decline.

13. Approximate date construction will begin: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Estimated time to complete new well \_\_\_\_\_. (If longer than 1 year, attach explanation.)

14. Legal description of the land where the groundwater will be used:

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ N/S Range \_\_\_\_\_ E/W. County \_\_\_\_\_  
10 Acre 40 Acre 160 Acre

15. Is the proposed well site within 100 feet of a septic tank system, sewage disposal area, landfill, hazardous waste facility or storage area of hazardous materials? ☐ Yes ☐ No (if yes, a request for a variance must accompany this application pursuant to R12-15-820.)

16. Driller's Name \_\_\_\_\_ DWR License No: \_\_\_\_\_ ROC License Category \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Telephone Number

17. **Attach a Well Construction Supplement, DWR form 55-90, and include a detailed construction diagram as indicated on the form.**

**III. FOR SERVICE AREA WELLS AND IRRIGATION DISTRICT WELLS ONLY:**

18. Is the proposed well located in your service area? ☐ Yes ☐ No

19. Will groundwater withdrawn be used in your service area? ☐ Yes ☐ No **(If answer is no, attach explanation.)**

**IV. FOR REPLACEMENT WELL IN NEW LOCATION ONLY:**

20. Registration number of original well 55- \_\_\_\_\_.

21. Location of the original well: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ N/S Range \_\_\_\_\_ E/W  
10 Acre 40 Acre 160 Acre

22. Distance between original well and proposed replacement well \_\_\_\_\_ feet.

23. When determining impacts under the Department's well spacing rules, the director will take into account the collective efforts of reducing or terminating withdrawals from the well being replaced combined with the proposed withdrawals from the replacement well if the applicant submits a hydrological study demonstrating those collective effects to the satisfaction of the director.

Will a hydrological study be submitted? ☐ Yes ☐ No

24. Will the original well be abandoned if applicant receives a permit to drill a replacement well? ☐ Yes ☐ No.

**(If yes, please submit a completed Notice of Intent to Abandon a Well along with this application.)**

If no, explain the planned use of the original well \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**V. FOR CONVERSION (ENLARGEMENT) OF EXISTING WELL ONLY:**

25. Registration number of the existing well 55- \_\_\_\_\_ Present pump design capacity \_\_\_\_\_ gallons per minute.  
Present permitted volume \_\_\_\_\_ acre-feet per year.

26. The new design pump capacity will be \_\_\_\_\_ gallons per minute. New permitted volume will be \_\_\_\_\_ acre-feet per year.

27. The existing well has previously been used in conjunction with or for the following: \_\_\_\_\_

\_\_\_\_\_

**It is understood that the permit, if granted, will be in accordance with the Groundwater Management Act (Title 45, Chapter 2), and the rules adopted thereunder. The permittee will be bound by the provisions of such law and the provisions of the permit issued.**

I (we), \_\_\_\_\_ hereby affirm that all information provided in this application is true and correct to the best of my/our  
(print name) knowledge and belief.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_